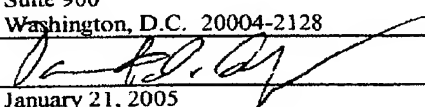
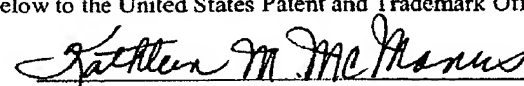


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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/051,297	
	Filing Date	01/22/2002	
	First Named Inventor	Heinz WALTER et al.	
	Group Art Unit	2857	
	Examiner Name	Jeffrey R. West	
Total Number of Pages in This Submission	19	Attorney Docket Number	740116-358

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Replacement Drawings - Figs. 1, 2, 3, 6a, 6b, and 7 <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 401 9 <sup>th</sup> Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	January 21, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
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<input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) 872-9306 _____	
January 21, 2005 Date	 Signature Kathleen M. McManus Typed or printed name

W342728.1

# FEE TRANSMITTAL FOR FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$120.00)

Complete if Known

Application Number 10/051,297  
Filing Date 01-22-2002  
First Named Inventor Heinz WALTER et al.  
Examiner Name Jeffrey R. West  
Art Unit 2857  
Attorney Docket No. 740116-358

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 19-2380(740116-358)

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The Commissioner is authorized to: (check all that apply)

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☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 300	2001 150	Utility filing fee	
1002 200	2002 100	Design filing fee	
1003 200	2003 100	Plant filing fee	
1004 300	2004 150	Reissue filing fee	
1005 200	2005 100	Provisional filing fee	

SUBTOTAL (1) (\$ 0)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
17	-20** = 0	X	0
Independent Claims 2	-3** = 0	X	0
Multiple Dependent	X		0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple dependent claim, if not paid
1204 200	2204 100	** Reissue independent claims over original patent
1205 50	2205 25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
1053 130	2053 130	Non-English specification
1812 2,520	2182 2,520	For filing a request for <i>ex parte</i> reexamination
1804 920*	21804 920*	Requesting publication of SIR prior to Examiner action
1805 1,840*	21805 1,840*	Requesting publication of SIR after Examiner action
1251 120	2251 60	Extension for reply within first month
1252 450	2252 225	Extension for reply within second month
1253 1,020	2253 510	Extension for reply within third month
1254 1,590	2254 795	Extension for reply within fourth month
1255 2,160	2255 1,080	Extension for reply within fifth month
1401 500	2401 250	Notice of Appeal
1402 500	2402 250	Filing a brief in support of an appeal
1403 1,000	2403 500	Request for oral hearing
1451 1,510	2451 1,510	Petition to institute a public use proceeding
1452 500	2452 250	Petition to revive - unavoidable
1453 1,500	2453 750	Petition to revive - unintentional
1501 1,400	2501 700	Utility issue fee (or reissue)
1502 800	2502 400	Design issue fee
1503 1,100	2503 550	Plant issue fee
1460 130	2460 130	Petitions to the Commissioner
1807 50	21807 50	Processing fee under 37 CFR 1.17(q)
1806 180	21806 180	Submission of Information Disclosure Sheet
8021 40	28021 40	Recording each patent assignment per property (times number of properties)
1809 790	2809 395	Filing a submission after final rejection (37 CFR 1.129(a))
1810 790	2810 395	For each additional invention to be examined (37 CFR 1.129(b))
1801 790	2801 395	Request for Continued Examination (RCE)
1802 900	2802 900	Request for expedited examination of a design application

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$120.00)

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January 21, 2005  
Date

*Kathleen M. McManus*  
Signature  
Kathleen M. McManus  
Typed or printed name

## SUBMITTED BY

Name (Print/Type)	David S. Saffron	Registration No. (Attorney/Agent)	27,997	Telephone	(703) 827-8094
Signature	<i>David S. Saffron</i>			Date	January 21, 2005

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